CPHI Children's Preventive Healthcare Initiative

Children's Preventive Healthcare Initiative
A Quality Improvement Program to Improve Children's Health

The Washington State Medicaid program and a half dozen Washington health insurance carriers are working together on an initiative to increase preventive health care for children enrolled in Medicaid managed care programs.

The Children's Preventive Healthcare Initiative (CPHI) is designed to help the Healthy Options program meet federal requirements for children's preventive care, including wellness exams or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and age-appropriate immunizations. CPHI is coordinated by a health-care quality improvement organization called OMPRO.

Accomplishments to Date

- Literature reviews show several activities work well in improving well-child care. Three clinics in Vancouver piloted the following three interventions between December 2002 and January 2003.
  1. Postcard reminders to parents for overdue visits
  2. Follow-up phone calls using staff from Columbia United Providers for those parents not scheduling a well-child visit,
  3. Incentives for adolescents (gift certificate to Fred Meyer)

  Preliminary results suggest that postcard reminders alone yielded a 15 percent increase in parents scheduling their children for a well-child examination. In addition to these activities, all three clinics are joining the Washington State Child Profile Immunization Registry operated by the Washington State Department of Health.

- Employing methods developed by the University of Alabama, OMPRO provided clinic-specific performance feedback to 101 health clinics in 2002. Achievable Benchmarks of Care (ABC™) are calculated from the best rates among the actual performance of clinics in Washington State. The performance feedback allows clinics to compare themselves against their peers and use this information for improvement activities. See page 4 for an example of the information provided to clinics.

- Learning labs are the latest phase of the project, in which providers, plans, and the state will learn quality improvement methods and define interventions to enhance preventive health care for children. Methods used by the clinics to improve care may include using clinic information systems to identify

and flag children overdue for preventive care, devising parental reminders that are effective[1], and other techniques. Five health plans and 11 clinics have joined the Initiative in 2003 to collaborate on improvement approaches. Another 4 clinics are receiving various levels of consultation assistance as they independently pursue their own projects to improve care.

Successful Clinics Recognized

The Medical Assistance Administration (MAA) recently recognized a dozen clinics across the state for strong performance in meeting the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines for well-child care set by the federal government.

Two clinics, Olson Pediatrics in Spokane and Union Avenue Pediatrics in Tacoma, ranked in the top 25 percent for all three age groups reviewed: infants (0 to 18 months), children (3 to 6 years) and adolescents (12 to 20 years).

What Drives MAA's Focus on Improvement?

More than 80 percent of enrollees in Healthy Options managed care are children, yet they often do not receive the appropriate number of visits for commonly accepted preventive health care services. OMPRO collects and abstracts children's medical records in three categories 0 – 18 month olds, 3 – 6 year olds, and 12 – 20 year olds. Rates of well-child care for both the reported rates of well-child care and qualifying rate (the number of visits meeting a minimum threshold of quality)[2] are calculated. The rate of well-child care remains low among children enrolled in managed care. The table below represents the rate of reported and qualifying visits over the past five years.

Age Categories Percent of Reported and Qualifying Well-Child Visits	1998	1999	2000	2001	2002
0 – 18 month olds – reported	46	58	62	66	63
0 – 18 month olds – qualifying	18	33	32	37	34
3 – 6 year olds – reported	37	37	42	42	41
3 – 6 year olds – qualifying	15	19	20	20	21
12 – 20 year olds – reported	26	23	35	38	38
12 – 20 year olds – qualifying	9	9	14	18	20

Percent of Children Up to Date on 2 Year Old Immunizations	1998	1999	2000	2001	2002
0 – 2 year olds	53.6	57.9	52.5	58.6	59.9

The above table reflects health plan reported rates of 2-year old immunizations, except for the Varicella or Chicken Pox vaccine. Over time, immunizations among children in this age group have remained relatively flat.

[1] MAA received funding from the Department of Health to purchase health organizers, accordion folders used by parents to track their child's health care services. Health organizers were well received by parents participating in a National Academy of State Health Plans-Commonwealth Grant funded project in Whatcom County.

[2] A qualifying rate includes documentation of: medical history and physical, height, weight, developmental screen, mental health screen, and anticipatory guidance and education.

In 2002, OMPRO conducted focus groups with parents of children, foster children, and providers to better understand the barriers to receiving well-child care. A common finding from the focus groups was access. For parents, concerns included having difficulty getting to the provider's office, experiencing long waits to see the provider once they were in the clinic, and inconsistent caregivers. For providers, the most common issue voiced related to reimbursement. One provider suggested that greater reimbursement would address access issues.

Preventive Care is Important

There is a growing body of literature on continuity of care suggesting that children who are not followed by a consistent provider are more likely to have costlier healthcare services and poorer outcomes. Studies conducted by Christakis et. al.[3] at the University of Washington show that having a consistent care provider reduces health care costs and improves quality. A consistent source of care improves quality of care in diabetes and reduces hospitalizations for ketoacidosis, a complication from unmanaged diabetes, improves timeliness of immunizations, and lowers emergency department utilization. Parents with evidence of low continuity of care are also less satisfied with health care services. A clients' establishment of a *medical home* and receipt of regular health screening is one way to establish continuity of health care.

A study conducted by Rosemarie Hakim,[4] Center for Medicare and Medicaid Services, found a relationship between children up-to-date on well-child care and a reduced incidence of avoidable hospitalizations. Hakim conducted a cohort study of 308,131 children enrolled in Medicaid in 3 different states. She examined the relationship between compliance with well-child care and improved health outcomes. Her findings suggest that maintaining a series of well-child visits during the first two years of life resulted in a decrease in avoidable hospitalizations. In another study, Hakim[5] found that children with incomplete well-child care in the first 6 months of life were at increased risk of having an emergency department (ED) visit for upper respiratory infections, gastroenteritis, asthma, and all cause ED visits.

Immunization Registries are Effective

CPHI partners with CHILD Profile, a statewide health promotion and immunization registry system used by hundreds of health care providers in Washington State. The registry captures immunization information for children within Washington. Studies by the Centers for Disease Control and Prevention show that states with immunization registries are further along in meeting the U.S. Preventive Health Task Force's Healthy People 2010 immunization goals than nonparticipating states.

Managed by the Washington State Department of Health, the registry has set an ambitious goal of reaching 95 percent health-care provider participation in the registry by 2006. To reach this goal, the state is partnering with medical associations and managed care plans, building on existing relationships with local public health and community/migrant health centers and conducting a provider outreach and media campaign.

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[3] Pediatrics (Vol. 3, #4), 4/99. Is Greater Continuity of Care Associated with Less Emergency Department Utilization?
American Journal of Public Health (Vol. 90, #6), 6/00. The Association Between Greater Continuity of Care and Timely Measles-Mumps-Rubella Vaccination
Pediatrics (Vol.109, #4), 4/02. Continuity of Care is Associated with High-Quality Care by Parental Report

[4] Pediatrics (Vo.l 108, #1) 7/01. Effectiveness of Compliance with Pediatric Preventive Care Guidelines Among Medicaid Beneficiaries

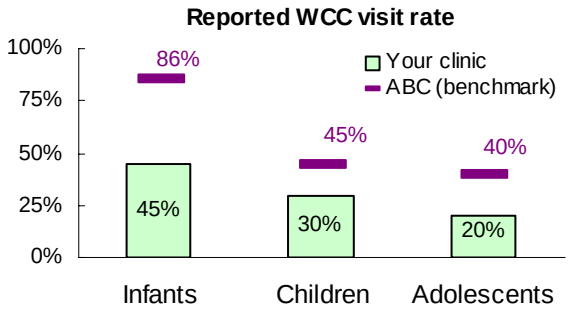
[5] American Medical Association (Vol. 156, #10) Effect of Compliance with Health Supervision Guidelines Among US Infants on Emergency Department Visits

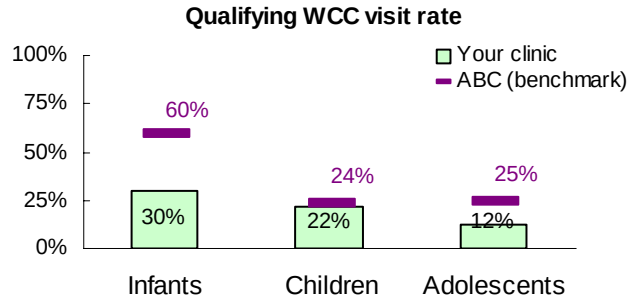
Healthy Options Preventive Healthcare Summary Report
Example Clinic Performance for Year 2001

Washington Medical Assistance Administration (MAA) conducts retrospective reviews of preventive health care delivered to children covered by Medicaid. Medical records for review are selected at random. The tables show the number of records from your clinic in the sample selected for the well-child care (WCC) review and the 2002 MCO HEDIS®[i] childhood immunization review. The charts summarize the preventive healthcare your clinic provided in 2001 to patients in the sample, compared with an Achievable Benchmark of Care (ABC™).[ii] ABCs were calculated from top performance rates of providers who together treated 10% of the clients in the sample. The sample represents 101 Washington clinics/providers.

Preventive health care includes reported and qualifying visits. Reported visits are all visits documented as WCC visits. Qualifying visits are reported visits that have medical record documentation that addresses four required clinical areas—physical exam/health history, developmental assessment, mental health, and health education/anticipatory guidance. The areas most often missed are mental health and anticipatory guidance.

Your clinic's rates/ABC (benchmarks) for WCC visits



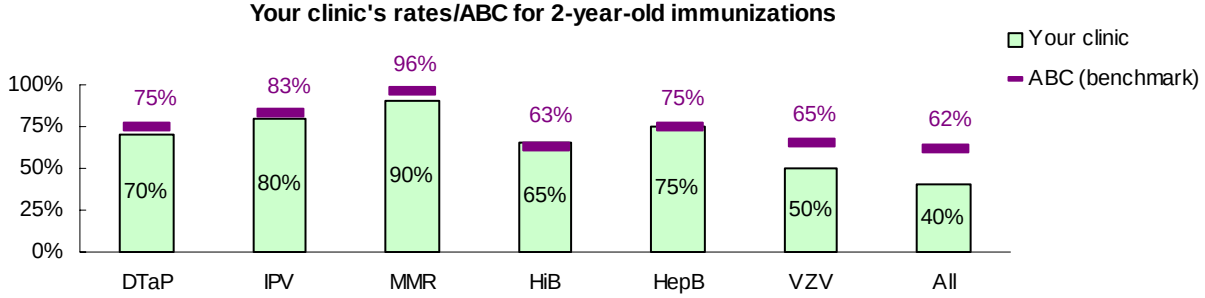


Your clinic's sample size and number of expected, reported, and qualifying visits

Age groups	Sample size	Expected visits	Reported visits	Plus 10%**	Qualifying visits
Infants (0–18 mo)	10	70*	51		27
Children (3–6 yrs)	10	10	5		2
Adolescents (12–20 yrs)	10	10	8		1

*Calculated by multiplying the number of infants by the 7 required infant visits
**Number of reported visits needed to reflect a 10 percentage point increase in reported visit performance rate

Your clinic's rates/ABC for 2-year-old immunizations



Number of patients up to date for 2-year-old immunizations

Sample size	DTaP	IPV	MMR	HiB	HepB	VZV	All
20	14	16	18	13	10	15	10

[i] HEDIS® 2003 Technical Specifications, volume 2; pp 63-67. HEDIS® is a registered trademark of the National Committee for Quality Assurance

[ii] Weissman NW, Allison JJ, Keife CI, et al. Achievable benchmarks of care: the ABC™s of benchmarking. *J Eval Clin Pract* 1999;5(3):269-81.